Reimbursable (Department, bureau, or establishment)									PAID BY			
Give place and date)												
HE UNITED S	STATES, Dr.,	Pa	yee's Account	No. 237	-							
, o												
× .			(Payee)									
	(Add	iress)	(City)		(State)							
lo. and Date of Order	Date of Delivery or Service	(Enter descriptio schedule, a Discount Terms	ARTICLES OR SI on, item number of nd other information	contract or Federal on deemed necessar	l supply 'y)	QUANTITY	UNIT	PRICE	AMOUN Dollars			
												
		Costs		4					6,116			
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YMENT: Complete				·								
Partial												
inal 🗌		Use	continuation sheet(s) if necessary								
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ertify that the	above bill is correct	t and just and that pa	yment has not beer	n received.		ee must NOT						
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Approved F Por Release 2000/04/11: CIA-REP64-00360-R000400020012-3 Approved F Por Release 2000/04/11: CIA-REP64-00360-R000400020012-3 September 7, 1950 Services Other Than Personal

CONTINUATION SHEET

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES	ule, QUAN-	UNIT PRICE		AMOUNT	
	or Service	(Enter description, item number of contract or Federal supply sched and other information deemed necessary)	TITY	Cost	Per	Dollars	1
		CONFIDENTIAL PAYROLL					
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		Direct Labor Costs properly chargeable to Contract AlO1 for the period 2/21/55 thru 2/27/55.					
		Week Ending 2/27/55				2,548	
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